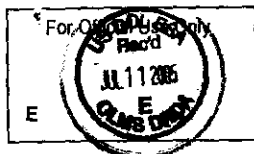


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 2483	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Bruce W Both P.O. Box, Bldg., Room No., if any Street 221-10 Jamaica Avenue City Queens Village State New York ZIP Code + 4 11428-2035	4. Name, file number, and address of labor organization. Name UFCW Local 1500 Labor Organization File Number 022-675 P.O. Box, Building and Room Number, if any Street 221-10 Jamaica Avenue City Queens Village State New York ZIP Code + 4 11428-2035
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7/6/05

Date

800-522-0456 X205

Telephone Number

Name of Person Filing **Bruce W. Both**File Number U- **2483**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Amalgamated Bank**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street **11-15 Union Square**
City **New York**
State **New York** ZIP Code + 4 **10003**

9. Business deals with:

- ☒ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **UFCW Local 1500 Legal Services**
Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street **221-10 Jamaica Avenue**
City **Queens Village**
State **New York** ZIP Code + 4 **11428-**
2035

11.a. Nature of such dealing.

Holds Union Accounts
//

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Received four tickets to the
New York Liberty Basketball Team,
May 23, 2004.

12.b. Amount.

approx. \$120.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.a. Nature of payment.

14.b. Amount of payment.

**Rider to Part B for
Amalgamated Bank**

This Business deals with the Union and its affiliated trust funds, as follows:

10. Name of trust fund:

UFCW Local 1500 Scholarship Fund

221-10 Jamaica Avenue
Queens Village, NY 11428

For Scholarship Fund:

11a. Holds Scholarship Fund Accounts

For Legal Services Fund:

11a. Holds Legal Services Fund Accounts